Send the specified copies to
Deep East Texas Self Insurance Fund
and the injured employee.

*Employers – Do not send this form to the Texas Department of Insurance, Division of Worker's Compensation unless the Division specifically requests a direct filing.

CLAIM # _____

CARRIER'S CLAIM # _____

EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.)		2. Sex F ☐ M ☐
3. Social Security number - -	4. Home Phone ( )	5. Date of Birth (m-d-y) - -
6. Does the Employee Speak English? If No, Specify Language YES☐ NO☐		
7. Race White ☐ Black ☐ Asian ☐	8. Ethnicity Hispanic ☐ Native American☐ Other☐	
9. Mailing Address Street or P.O. Box		
City State Zip Code County		
10. Marital Status Married ☐ Widowed ☐ Separated ☐ Single ☐ Divorced ☐		
11. Number of Dependent Children	12. Spouse's Name	
13. Doctor's Name		
14. Doctor's Mailing Address (Street or P.O. Box)		
City State Zip Code		

15. Date of Injury (m-d-y) - -	16. Time of Injury : am ☐ pm ☐	17. Date Lost Time Began (m-d-y)
18. Nature of Injury*	19. Part of Body Injured or Exposed*	
20. How and Why Injury/Illness Occurred*		
21. Was employee doing his regular job? YES ☐ NO ☐	22. Worksite Location of Injury (stairs, dock, etc.)*	
23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site Street or P.O. Box County		
City State Zip Code		
24. Cause of Injury(fall, tool, machine, etc.)*		
25. List Witnesses		
26. Return to work date/or expected (m-d-y)	27. Did employee die? YES ☐ NO ☐	28. Supervisor's Name / 29. Date Reported (m-d-y) - -

30. Date of Hire (m-d-y) - -	31. Was employee hired or recruited in Texas? YES ☐ NO ☐	32. Length of Service in Current Position Months_____ Years _____	33. Length of Service in Occupation Months_____ Years _____
34. Employee Payroll Classification Code		35. Occupation of Injured Worker	
36. Rate of Pay at this Job $ Hourly$ Weekly	37. Full Work Week is: Hours Days	38. Last Paycheck was: $ for Hours or Days	39. Is employee an Owner, Partner, or Corporate Officer? YES ☐ NO ☐

40. Name and Title of Person Completing Form Sandy Davis, Manager of Benefits	41. Name of Business Collin County Community College District		
42. Business Mailing Address and Telephone Number Street or P.O. Box Telephone 3452 Spur 399, 3rd Fl. (972) 599-3164	43. Business Location (If different from mailing address) Number and Street		
City State Zip Code McKinney TX 75069	City State Zip Code		
44. Federal Tax Identification Number 75-2037156	45. Primary North American Industry Classification System Code:(6 digit) 61121	46. Specific NAICS Code (6 digit) 8222	47. Texas Comptroller Taxpayer No. 999929184
48. Workers' Compensation Insurance Company Deep East Texas Self Insurance Fund	49. Policy Number 0225		
50. Did you request accident prevention services in past 12 months? YES ☐ NO ☒ If yes, did you receive them? YES ☐ NO ☐			
51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING) **X** Date _____			

Deep East Texas Self Insurance Fund
Serving Texas since 1974

To be completed by Employer:

Employer Name: Collin County Community College

Claimant Name: _____

Bring this flyer with you to any network pharmacy to fill your workers' compensation prescription to ensure that you receive the right medications and the right treatment, *without out-of-pocket* expense.

For a participating pharmacy near you, call SCRIPNET at **888-880-8562** or logon to www.scripnet.com and click on "Find a Pharmacy".

BROOKSHIRE BROTHERS • GEE SHIPMAN • COSTCO
CVS • H.E.B • LIFECHEK • MEDICINE SHOPPE
RANDALL'S • SAM'S CLUB • SHOPKO
TOP FOOD & DRUG • TARGET • WALGREENS • WAL-MART
and MANY OTHERS…

PHARMACY: Call ScripNet at 888-880-8562

SCRIPNET®

Rx BIN:	610621
Rx PCN:	SNT
Rx Grp:	Not Required
Carrier:	SXC

ID NUMBER: **Call ScripNet at 1-888-880-8562**

Find a Pharmacy in Your Neighborhood...

1.

Injured Workers

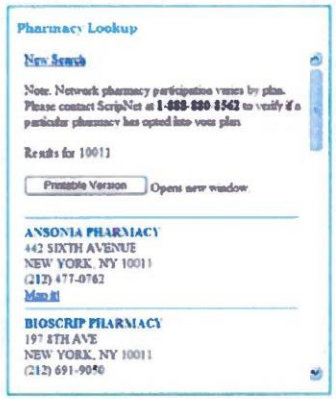
- Find a Pharmacy
- Contact the Help Desk

Go to www.scripnet.com and click on "Find a Pharmacy" at the bottom left of the screen. (There is no need to log in for this feature)

2.

Enter the City and State, or Zip Code of where you'd like to find a Pharmacy. Then, click on "Get Pharmacies"

3.



Select the pharmacy of your choice from the list provided, and click on the hyperlink "Map It!"

4.

You will be taken to a map of the location that you've chosen via MapQuest.com for driving directions!

Making Workers' Compensation Work Better™